

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY REGION 5 77 WEST JACKSON BOULEVARD CHICAGO, IL 60604-3590

REPLY TO THE ATTENTION OF: MCC-10J

MAR 3 1 2015

| J. D. Campbell, SulTRAC Program Manager |
|---|
| SulTRAC JV |
| 1 South Wacker Drive, Suite 3700 |
| Chicago, IL 60606 |

Subject:

Enclosures

Date

Contract Number:

EP-S5-06-02

Work Assignment Number:

198-RDRD-053J, Rev. 2

Dear Mr. Campbell:

Enclosed you will find one copy of a work assignment form for the above referenced work assignment. Please acknowledge receipt and acceptance of this work assignment by signing and returning a copy of this letter.

If you have any questions or need more information regarding this matter, please feel free to contact me at (312) 353-1612.

Sincerely,

Donna Plumb Contract Specialist

| Acknowledgement and Acceptance: | | | | | | | | | |
|---------------------------------|--|--|--|--|--|--|--|--|--|
| Name | | | | | | | | | |
| Title | | | | | | | | | |

| United States Environmental Protection Agency Washington, DC 20460 Work Assignment Contract Number Contract Period 06/29/2006 To 06/28/2016 | | | | | 2016 | Work Assignment Number 198-RDRD-053J Other X Amendment Number: 000002 Title of Work Assignment/SF Site Name | | | | |
|---|--|-------------------------------|----------------------------|----------------------------|-------------------------|---|-------------------------------|--|--------------------------|--|
| EP-S5-06-02 | 30,23,200 | | | | | | USS Lead | | | |
| Contractor Specify Section and paragraph of Contract SOW | | | | | | | | | | |
| SULTRAC, JV RD | | | | | | | | | | |
| Purpose: | e: Work Assignment Work Assignment Close-Out | | | | | | Period of Performance | | | |
| X | X Work Assignment Amendment X Incremental Funding Work Plan Approval | | | | | | From 06/20/2014 To 03/31/2016 | | | |
| Comments: This action increases the expenditure limits from 6,000 to 13,000 LOE and from \$600,000 to \$1,200,000 for this RD Work Assignment at the USS Lead Site located in East Chicago, IN. The contractor shall not exceed the expenditure limits of 13,000 LOE hours and \$1,200,000 without the approval of the Contracting Officer. | | | | | | | | | | |
| Superfund Accounting and Appropriations Data | | | | | l | X Non-Superfund | | | | |
| Note: To report additional accounting and appropriations date use EPA Form 1900-69A. SFO (Max 2) | | | | | | | | | | |
| ⊕ DCN ☐ (Max 6) | Budget/FY (Max 4) | Appropriation Code (Max 6) | Budget Org/Code (Max 7) | Program Element (Max 9) | Object Class (Max 4) | Amount (D | ollars) (Cents) | Site/Project (Max 8) | Cost Org/Code (Max 7) | |
| 1 | | | | | | 600000 |) | | | |
| 2 | | | | | <u> </u> | 0 | | | | |
| 3 | | | | | | | | | | |
| 4 | | | | | | | | | | |
| 5 | | | | | | | - | and the section of th | | |
| Authorized Work Assignment Ceiling | | | | | | | | | | |
| Contract Period: 06/29/2006 | To 06/28 | Cost/Fee: 1/2016 | \$0.00 | | | LOE: | LOE: 0 | | | |
| This Action: \$2,115,201.00 | | | | | | 19,093 | | | | |
| Total: \$1,200,000.00 | | | | | | 13,000 | | | | |
| i Utai. | | | | ork Plan / Cost Esti | mate Approva | ais | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |
| Contractor WP Dated: 07/21/2014 | | | | | | LOF | LOE: 19,093 | | | |
| Cumulative Approved: Cost/Fee: \$1,200,000.00 | | | | | | LOE: 13,000 | | | | |
| Work Assignment Manager Name Michael Berkoff | | | | | Bra | Branch/Mail Code: | | | | |
| A 3/30/15 (Signature) 3/30/15 | | | | | | Phone Number 312-353-8983 | | | | |
| | | | | | FA) | FAX Number: | | | | |
| Project Officer Name Pankaj Parikh | | | | | Bra | Branch/Mail Code: | | | | |
| 3/30/15 | | | | | Pho | Phone Number: 312-886-6707 | | | | |
| (Signature) (Date) | | | | | FAX | FAX Number: 312-692-2982 | | | | |
| Other Agency Official Name Donna Plumb | | | | | | Bra | Branch/Mail Code: | | | |
| | | | | | | Pho | Phone Number: 312-353-1612 | | | |
| (Signature) (Date) | | | | | | | FAX Number: | | | |
| Contracting Official Name Daniel Olsson | | | | | , | Branch/Mail Code: | | | | |
| Mal Olson 3/30/2015 | | | | | | | Phone Number: 312 886 1423 | | | |
| (Signature) (Date) | | | | | | | FAX Number: | | | |